

Add Case to Non Condition Associated Infant or Contact - Case Management Tree Node

The following preconditions must be met:

1. Successful log into MOHSAIC WEBSURV application.
2. Search and select person

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Home Person Organization Aggregate Reporting Party Match Instructions

Search

JONES, KENNITH

- Locators
- History
- Provider Roles
- Vaccinations
- Hep B Case Management
- CONDITIONS
- Add Condition

Refresh Tree

ShowMeVax

* Denotes required field.

Demographics for JONES, KENNITH (Party ID = 396135969)

Date of Birth: 6/22/1970 Sex: MALE Race: UNKNOWN

ADD NAME

| Name | Type | Last Name | First Name | Middle Name | Begin Date | End Date | Entry Date |
|------|---------|-----------|------------|-------------|------------|----------|------------|
| 1 | PRIMARY | JONES | KENNITH | | | | 11/01/2010 |

Date of Birth: 06/22/1970 (mmddyyyy) Time of Birth: (hhmm)

Plurality: Birth Order:

Date of Death: (mmddyyyy)

Race: * White ☐ Asian ☐
Black ☐ American Indian ☐
Unknown ☒ Pacific Islander ☐

Ethnicity: UNKNOWN Sex: * MALE

Country Of Origin: Date Entered USA: (mmddyyyy)

Marital Status: Vital Status:

Primary Language: Other Primary Language:

Reads Primary: Writes Primary:

Secondary Language: Other Secondary Language:

Procedure 1: Click + next to Hep B Case Management in the tree.

Expected System Response: The treeview is expanded.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Home Person Organization Aggregate Reporting Party Match Instructions

Search

JONES, KENNITH

- Locators
- History
- Provider Roles
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- Hep B Case Management
- CONDITIONS
- Add Condition

Refresh Tree

ShowMeVax

* Denotes required field.

Demographics for JONES, KENNITH (Party ID = 396135969)

Date of Birth: 6/22/1970 Sex: MALE Race: UNKNOWN

ADD NAME

| Name | Type | Last Name | First Name | Middle Name | Begin Date | End Date | Entry Date |
|------|---------|-----------|------------|-------------|------------|----------|------------|
| 1 | PRIMARY | JONES | KENNITH | | | | 11/01/2010 |

Date of Birth: 06/22/1970 (mmddyyyy) Time of Birth: (hhmm)

Plurality: Birth Order:

Date of Death: (mmddyyyy)

Race: * White ☐ Asian ☐
Black ☐ American Indian ☐
Unknown ☒ Pacific Islander ☐

Ethnicity: UNKNOWN Sex: * MALE

Country Of Origin: Date Entered USA: (mmddyyyy)

Marital Status: Vital Status:

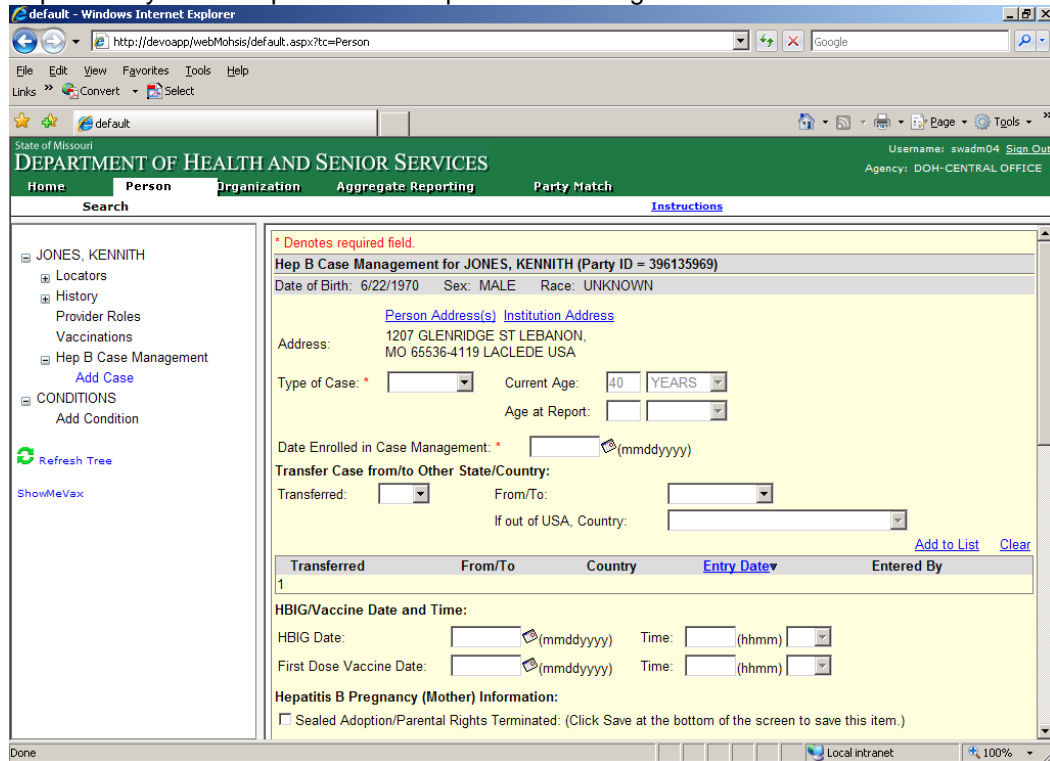
Primary Language: Other Primary Language:

Reads Primary: Writes Primary:

Secondary Language: Other Secondary Language:

Procedure 2: Click Add Case in the tree.

Expected System Response: The Hep B Case Management Screen is returned.



Procedure 3:

- Select Type of Case
- Enter Date Enrolled in Case Management

Procedure 4: If needed, Enter a Transfer Case

- Select Transfer (IN or OUT)
- Select From/To
- Select County if From/To was Out of USA
- Click Add to List
- Repeat a through d if the condition has been transferred multiple times.

(If no transfer, skip to procedure 5)

Required Fields

- ✓ Type of Case is required.
- ✓ Date Enrolled in Case Management is required.

Other Validations:

- ✓ Transferred and From/To are required to Add to List

WEBSURV TEST

Expected System Response: The transfer record is added to the grid.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: swadm04 Sign Out
Agency: DOH-CENTRAL OFFICE

Home Person Organization Aggregate Reporting Party Match

Search Instructions

JONES, KENNITH
Locators
History
Provider Roles
Vaccinations
Hep B Case Management
Add Case
CONDITIONS
Add Condition
Refresh Tree
ShowMeVax

* Denotes required field.
Hep B Case Management for JONES, KENNITH (Party ID = 396135969)
Date of Birth: 6/22/1970 Sex: MALE Race: UNKNOWN
Address: 1207 GLENRIDGE ST LEBANON, MO 65536-4119 LACLEDE USA
Type of Case: CONTACT Current Age: 40 YEARS
Age at Report:
Date Enrolled in Case Management: 10/02/2010 (mmddyyyy)
Transfer Case from/to Other State/Country:
Transferred: From/To: Country: Entry Date: Entered By: SWADM04
11/01/2010
HBIG/Vaccine Date and Time:
HBIG Date: Time:
First Dose Vaccine Date: Time:
Hepatitis B Pregnancy (Mother) Information:

Procedure 5: Scroll down

Expected System Response: Additional variables are shown.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: swadm04 Sign Out
Agency: DOH-CENTRAL OFFICE

Home Person Organization Aggregate Reporting Party Match

Search Instructions

JONES, KENNITH
Locators
History
Provider Roles
Vaccinations
Hep B Case Management
Add Case
CONDITIONS
Add Condition
Refresh Tree
ShowMeVax

Transferred From/To Country Entry Date Entered By
1
HBIG/Vaccine Date and Time:
HBIG Date: Time:
First Dose Vaccine Date: Time:
Hepatitis B Pregnancy (Mother) Information:
Sealed Adoption/Parental Rights Terminated: (Click Save at the bottom of the screen to save this item.)
Search
Mother: DOB:
Address:
Reporter Information Investigator Information
Date of Report: Date Case Assigned:
Reporter: Investigator:
Case Report Completed By:
Last Name: First Name:
Medical Providers
Provider: Search

Procedure 6: If HBIG and/or Hepatitis B vaccine info has been entered into MOHSAIC/ShowMeVax, the dates will be displayed and the time fields will be available for entry. Enter the dates or go to Procedure 7.

WEBSURV TEST

Expected System Response: Information is shown on screen.

Procedure 7: Click Search below Hepatitis B Pregnancy (Mother) Information

Expected System Response: The Search Person Screen is returned.

Procedure 8: Enter search criteria and click Search.

Expected System Response: Results are returned.

Search Person -- Webpage Dialog

Search Person
[Hide Search Tips](#)
 A search can be completed on a single field or a combination of fields:
 • Last Name and First Name OR
 • One Name Field and Date of Birth OR
 • One Name Field and Sex OR
 • SSN OR
 • DCN OR
 • Party ID

Last Name: First Name:
 Sex: Date of Birth: (mmddyyyy)
 SSN: DCN:
 Party ID:

SURVEILLANCE SEARCH RESULTS

| Name | Party ID | Name Type | DOB | Sex | Race |
|------|----------|-----------|-----|-----|------|
| 1 | | | | | |

MOHSAIC SEARCH RESULTS

| Name | Party ID | DOB | Sex | Race | Address |
|---|-----------|------------|--------|---------|---|
| JONES, RACHEL E | 368818031 | 08/31/1974 | FEMALE | WHITE | 553 NW 7TH RD DANTHA, MO 64759 BARTON |
| JONES, RACHEL E | 369368210 | 08/31/1974 | FEMALE | WHITE | |
| JONES, RACHEL L | 387048827 | 12/31/1982 | FEMALE | UNKNOWN | 12505 E 53RD TER KANSAS CITY, MO 64133-3143 JACKSON USA |
| JONES, RAEHELLE | 387040340 | 05/01/1986 | FEMALE | UNKNOWN | |
| JONES, RALANDA SHANELLE | 17919 | 04/06/1990 | FEMALE | BLACK | 63180 ST LOUIS |

1 2 3 4 5 6
 Rows Returned: 26 Maximum Number of Rows:

Procedure 9: Select the person by click name in the grid.

Expected System Response: The mother information is shown on the screen.

default - Windows Internet Explorer
 http://devoapp/webMohsis/default.aspx?tc=Person

File Edit View Favorites Tools Help
 Links Convert Select

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
 Username: swadm04 Sign Out
 Agency: DOH-CENTRAL OFFICE

Home **Person** Organization Aggregate Reporting Party Match Instructions

Search

JONES, KENNITH
 Locators
 History
 Provider Roles
 Vaccinations
 Hep B Case Management
 Add Case
 CONDITIONS
 Add Condition
 Refresh Tree
 ShowMeVax

HBIG/Vaccine Date and Time:
 HBIG Date: (mmddyyyy) Time: (hhmm)
 First Dose Vaccine Date: (mmddyyyy) Time: (hhmm)

Hepatitis B Pregnancy (Mother) Information:
[Search](#) [Remove](#)
 Mother: [ROYCE JONES](#) DOB:
 Address: 5518 FLOY AVE SAINT LOUIS, MO 63136-4806 ST LOUIS CITY USA

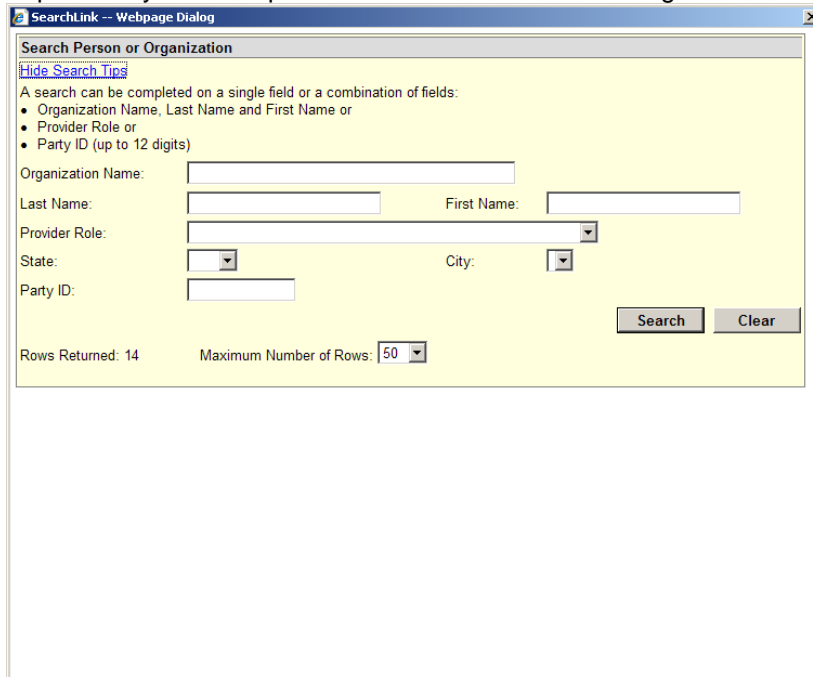
Reporter Information
 Date of Report: (mmddyyyy) Reporter: [Search](#)
 Date Case Assigned: (mmddyyyy) Investigator: [Search](#)

Investigator Information
 Case Report Completed By:
 Last Name: First Name:

Medical Providers
 Provider: [Search](#)
 Service Provided: Other Service:
 Date of First Visit: (mmddyyyy)

Procedure 10: Enter Date of Report and click Search next to Reporter:

Expected System Response: The Search Person or Organization Screen is returned.



Search Person or Organization

[Hide Search Tips](#)

A search can be completed on a single field or a combination of fields:

- Organization Name, Last Name and First Name or
- Provider Role or
- Party ID (up to 12 digits)

Organization Name:

Last Name: First Name:

Provider Role:

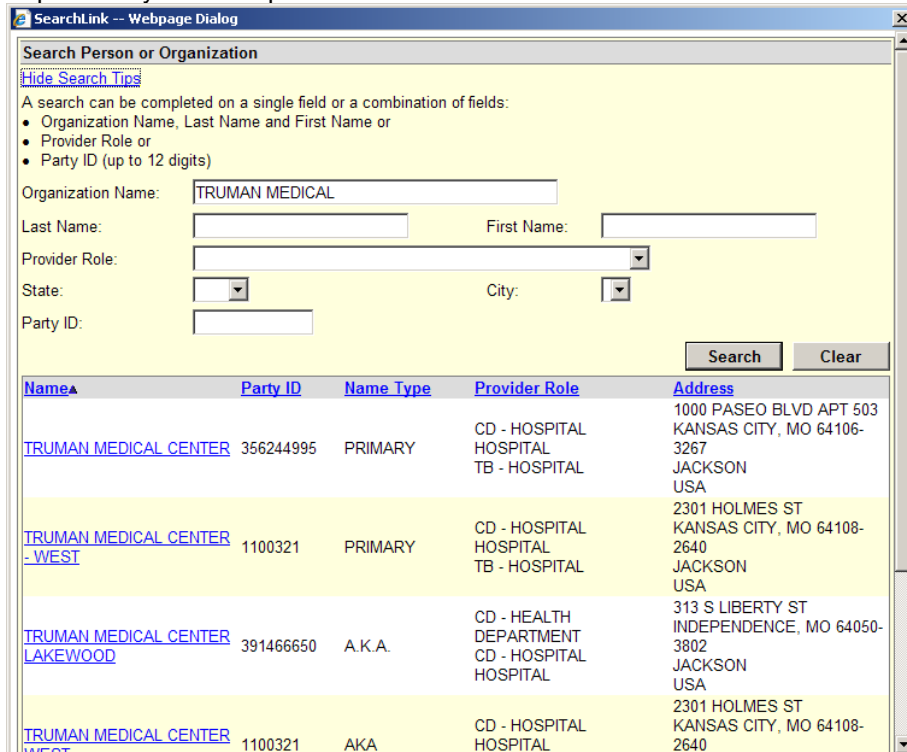
State: City:

Party ID:

Rows Returned: 14 Maximum Number of Rows: 50

Procedure 11: Enter Search Criteria and click Search.

Expected System Response: The search results are returned.



Search Person or Organization

[Hide Search Tips](#)

A search can be completed on a single field or a combination of fields:

- Organization Name, Last Name and First Name or
- Provider Role or
- Party ID (up to 12 digits)

Organization Name:

Last Name: First Name:

Provider Role:

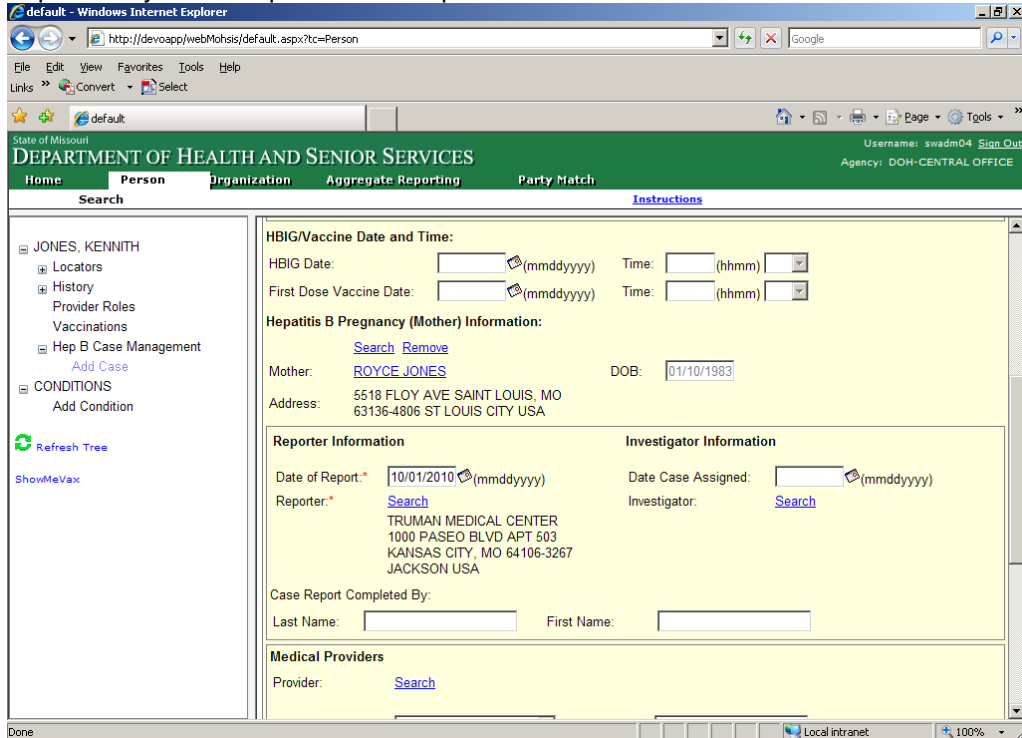
State: City:

Party ID:

| Name | Party ID | Name Type | Provider Role | Address |
|--|-----------|-----------|--|---|
| TRUMAN MEDICAL CENTER | 356244995 | PRIMARY | CD - HOSPITAL HOSPITAL TB - HOSPITAL | 1000 PASEO BLVD APT 503 KANSAS CITY, MO 64106-3267 JACKSON USA |
| TRUMAN MEDICAL CENTER - WEST | 1100321 | PRIMARY | CD - HOSPITAL HOSPITAL TB - HOSPITAL | 2301 HOLMES ST KANSAS CITY, MO 64108-2640 JACKSON USA |
| TRUMAN MEDICAL CENTER LAKEWOOD | 391466650 | A.K.A. | CD - HEALTH DEPARTMENT CD - HOSPITAL HOSPITAL | 313 S LIBERTY ST INDEPENDENCE, MO 64050-3802 JACKSON USA |
| TRUMAN MEDICAL CENTER - WEST | 1100321 | AKA | CD - HOSPITAL HOSPITAL | 2301 HOLMES ST KANSAS CITY, MO 64108-2640 |

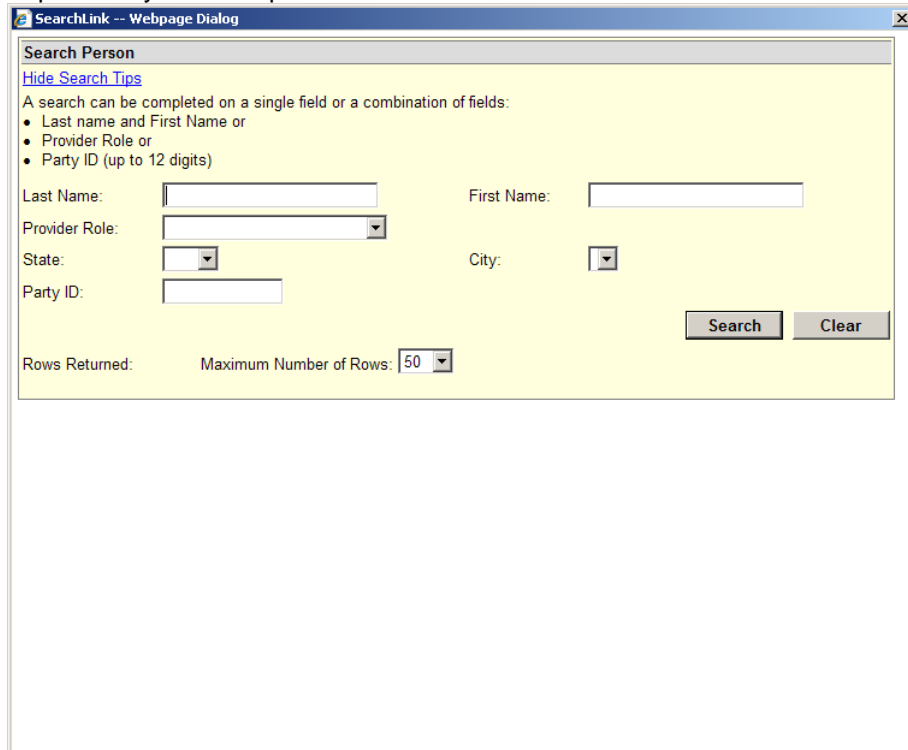
Procedure 12: Select the reporter by clicking the name in the grid.

Expected System Response: The reporter is shown on the screen.



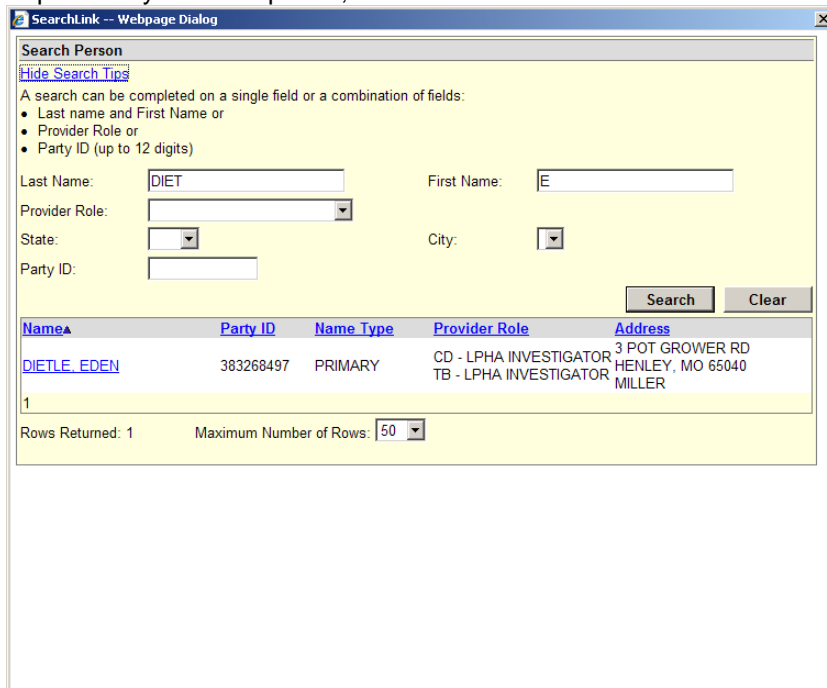
Procedure 13: Enter Date Case Assigned and Click Search next to Investigator.

Expected System Response: The Search Person screen is returned.



Procedure 14: Enter Search Criteria and click Search.

Expected System Response; The results are returned.



Search Person
[Hide Search Tips](#)
 A search can be completed on a single field or a combination of fields:
 • Last name and First Name or
 • Provider Role or
 • Party ID (up to 12 digits)

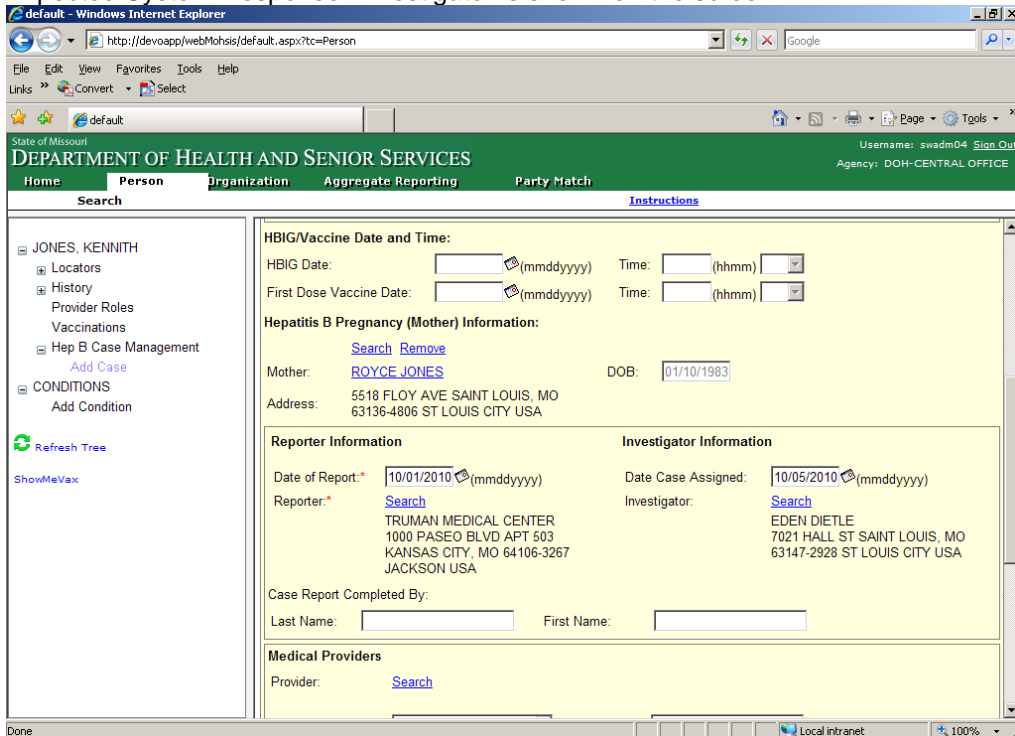
Last Name: First Name:
 Provider Role:
 State: City:
 Party ID:

| Name | Party ID | Name Type | Provider Role | Address |
|------------------------------|-----------|-----------|--|---|
| DIETLE, EDEN | 383268497 | PRIMARY | CD - LPHA INVESTIGATOR TB - LPHA INVESTIGATOR | 3 POT GROWER RD HENLEY, MO 65040 MILLER |

Rows Returned: 1 Maximum Number of Rows:

Procedure 15: Select the investigator by clicking the name in the grid.

Expected System Response: Investigator is shown on the screen.



State of Missouri
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 Home Person Organization Aggregate Reporting Party Match Instructions
 Search

JONES, KENNETH
 Locators
 History
 Provider Roles
 Vaccinations
 Hep B Case Management
 Add Case
 CONDITIONS
 Add Condition
 Refresh Tree
 ShowMeVax

HBIG/Vaccine Date and Time:
 HBIG Date: Time:
 First Dose Vaccine Date: Time:

Hepatitis B Pregnancy (Mother) Information:
[Search](#) [Remove](#)
 Mother: [ROYCE JONES](#) DOB:
 Address: 5518 FLOY AVE SAINT LOUIS, MO
 63136-4806 ST LOUIS CITY USA

Reporter Information
 Date of Report:
 Reporter: [Search](#)
 TRUMAN MEDICAL CENTER
 1000 PASEO BLVD APT 503
 KANSAS CITY, MO 64106-3267
 JACKSON USA

Investigator Information
 Date Case Assigned:
 Investigator: [Search](#)
 EDEN DIETLE
 7021 HALL ST SAINT LOUIS, MO
 63147-2928 ST LOUIS CITY USA

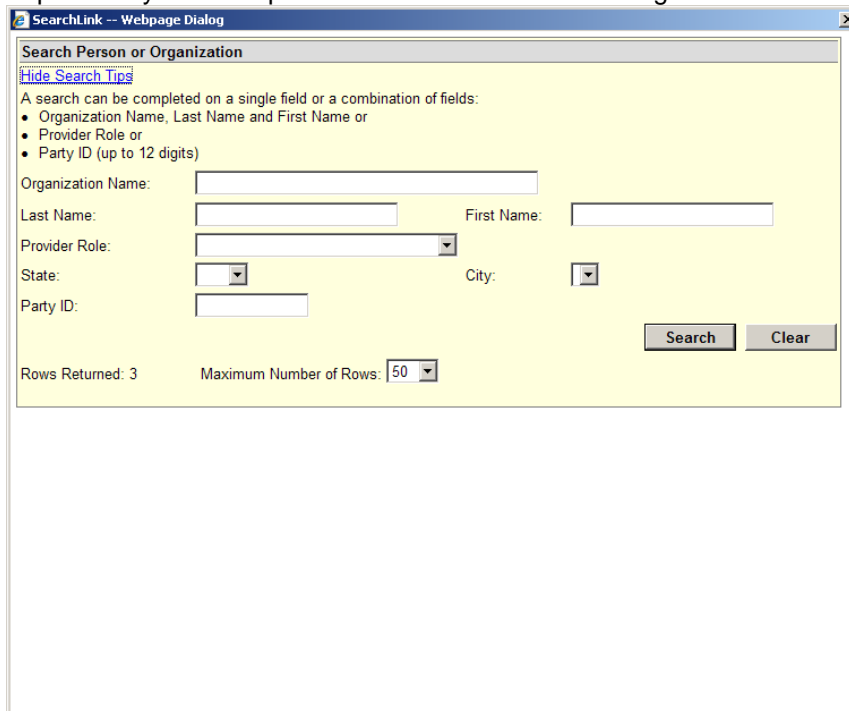
Case Report Completed By:
 Last Name: First Name:

Medical Providers
 Provider: [Search](#)

Procedure 16: Enter Case Report Completed By information (Last Name and First Name).

Procedure 17: Click Search next to Provider.

Expected System Response: The Search Person or Organization screen is returned.



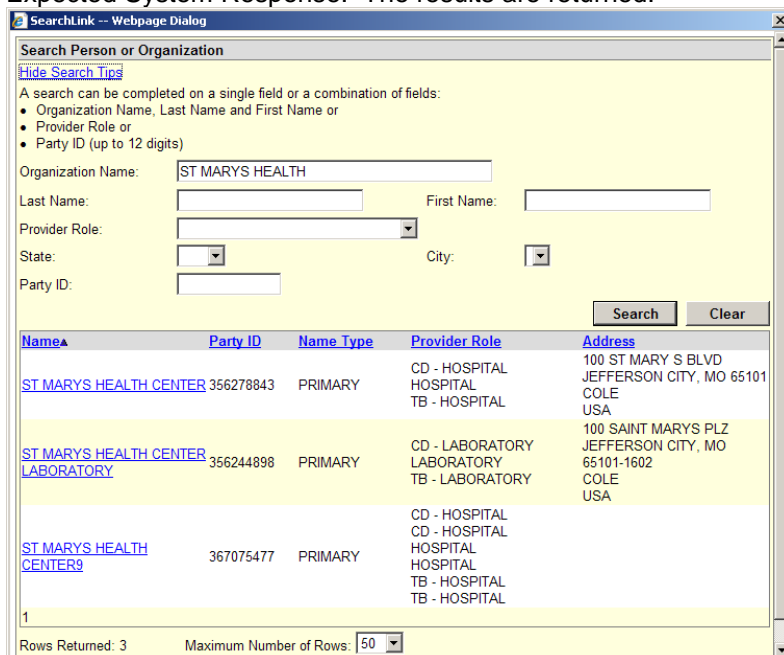
Search Person or Organization
[Hide Search Tips](#)
 A search can be completed on a single field or a combination of fields:
 • Organization Name, Last Name and First Name or
 • Provider Role or
 • Party ID (up to 12 digits)

Organization Name:
 Last Name: First Name:
 Provider Role:
 State: City:
 Party ID:

Rows Returned: 3 Maximum Number of Rows:

Procedure 18: Enter search criteria and click search.

Expected System Response: The results are returned.



Search Person or Organization
[Hide Search Tips](#)
 A search can be completed on a single field or a combination of fields:
 • Organization Name, Last Name and First Name or
 • Provider Role or
 • Party ID (up to 12 digits)

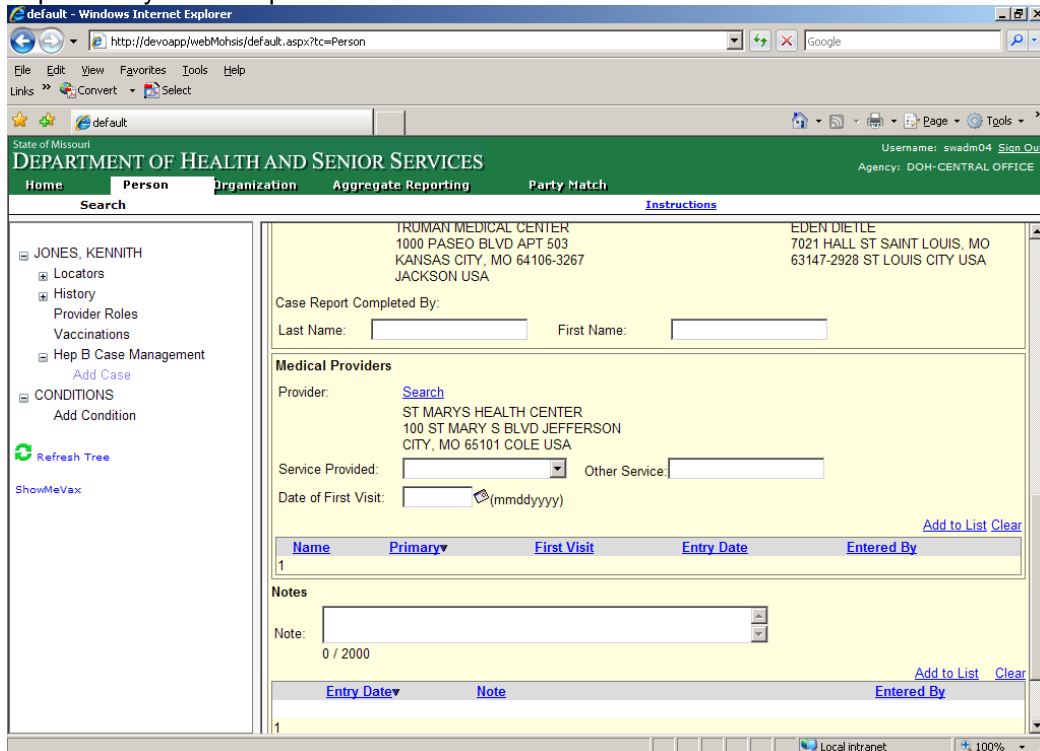
Organization Name:
 Last Name: First Name:
 Provider Role:
 State: City:
 Party ID:

| Name | Party ID | Name Type | Provider Role | Address |
|---|-----------|-----------|--|--|
| ST MARYS HEALTH CENTER | 356278843 | PRIMARY | CD - HOSPITAL HOSPITAL TB - HOSPITAL | 100 ST MARY S BLVD JEFFERSON CITY, MO 65101 COLE USA |
| ST MARYS HEALTH CENTER LABORATORY | 356244898 | PRIMARY | CD - LABORATORY LABORATORY TB - LABORATORY | 100 SAINT MARYS PLZ JEFFERSON CITY, MO 65101-1602 COLE USA |
| ST MARYS HEALTH CENTER9 | 367075477 | PRIMARY | CD - HOSPITAL CD - HOSPITAL HOSPITAL HOSPITAL TB - HOSPITAL TB - HOSPITAL | |

Rows Returned: 3 Maximum Number of Rows:

Procedure 19: Select the provider by clicking on the name link.

Expected System Response: The Medical Provider is shown on the screen.



State of Missouri DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: swadm04 Sign Out Agency: DOH-CENTRAL OFFICE

Home Person Organization Aggregate Reporting Party Match

Search Instructions

JONES, KENNITH
 Locators
 History
 Provider Roles
 Vaccinations
 Hep B Case Management
 Add Case
 CONDITIONS
 Add Condition
 Refresh Tree
 ShowMeVax

TRUMAN MEDICAL CENTER
 1000 PASEO BLVD APT 503
 KANSAS CITY, MO 64106-3267
 JACKSON USA

EDEN DIETLE
 7021 HALL ST SAINT LOUIS, MO
 63147-2928 ST LOUIS CITY USA

Case Report Completed By:
 Last Name: First Name:

Medical Providers
 Provider: Search
 ST MARYS HEALTH CENTER
 100 ST MARY S BLVD JEFFERSON
 CITY, MO 65101 COLE USA

Service Provided: Other Service:
 Date of First Visit: (mmddyyyy)

Add to List Clear

| Name | Primary | First Visit | Entry Date | Entered By |
|------|---------|-------------|------------|------------|
| 1 | | | | |

Notes
 Note: 0 / 2000

Add to List Clear

| Entry Date | Note | Entered By |
|------------|------|------------|
| 1 | | |

Procedure 20: Enter Service Provided and Date of First Visit if known and Click Add to List

Other Validations:

- ✓ Provider is required to Add to List
- ✓ No punctuation can be entered in Other Service

WEBSURV TEST

Expected System Response: The Provider is shown in the grid. (Repeat steps 13-16 to add additional medical providers.) The first provider will be set as primary.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Home Person Organization Aggregate Reporting Party Match

Search Instructions

JONES, KENNETH
Locators
History
Provider Roles
Vaccinations
Hep B Case Management
Add Case
CONDITIONS
Add Condition
Refresh Tree
ShowMeVax

TRUMAN MEDICAL CENTER
1000 PASEO BLVD APT 503
KANSAS CITY, MO 64106-3267
JACKSON USA

EDEN DIETLE
7021 HALL ST SAINT LOUIS, MO
63147-2928 ST LOUIS CITY USA

Case Report Completed By:
Last Name: First Name:

Medical Providers

Provider: Search

Service Provided: Other Service:

Date of First Visit: (mmddyyyy)

Add to List Clear

| Name | Primary | First Visit | Entry Date | Entered By |
|---|---------|-------------|------------|------------|
| ST MARY'S HEALTH CENTER 100 ST MARY S BLVD JEFFERSON CITY, MO 65101 COLE USA | Y | | 11/01/2010 | SWADM04 |
| DONALD MILLER 1241 STADIUM BLVD JEFFERSON CITY, MO 65109 COLE USA | N | | 11/01/2010 | SWADM04 |

Notes

Note: 0 / 2000

Add to List Clear

Entry Date Primary First Visit Entry Date Entered By

Procedure 21: Click the N in the Primary column to set the provider as primary.

Expected System Response: The provider will be marked as primary.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Home Person Organization Aggregate Reporting Party Match

Search Instructions

JONES, KENNETH
Locators
History
Provider Roles
Vaccinations
Hep B Case Management
Add Case
CONDITIONS
Add Condition
Refresh Tree
ShowMeVax

TRUMAN MEDICAL CENTER
1000 PASEO BLVD APT 503
KANSAS CITY, MO 64106-3267
JACKSON USA

EDEN DIETLE
7021 HALL ST SAINT LOUIS, MO
63147-2928 ST LOUIS CITY USA

Case Report Completed By:
Last Name: First Name:

Medical Providers

Provider: Search

Service Provided: Other Service:

Date of First Visit: (mmddyyyy)

Add to List Clear

| Name | Primary | First Visit | Entry Date | Entered By |
|---|---------|-------------|------------|------------|
| DONALD MILLER 1241 STADIUM BLVD JEFFERSON CITY, MO 65109 COLE USA | Y | | 11/01/2010 | SWADM04 |
| ST MARY'S HEALTH CENTER 100 ST MARY S BLVD JEFFERSON CITY, MO 65101 COLE USA | N | | 11/01/2010 | SWADM04 |

Notes

Note: 0 / 2000

Add to List Clear

Entry Date Primary First Visit Entry Date Entered By

Procedure 22: Enter note and click add to list.

C:_sandboxes\WebSurv_Documentation\Testing\Test Plans\9_Hepatitis B Case Management\07_Add_Case_Non_Associated_Infant_Contact_TestPlan.doc
11/01/10

WEBSURV TEST

Expected System Response: The comments are added to the grid.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: swadm04 Sign Out
Agency: DOH-CENTRAL OFFICE

Home Person Organization Aggregate Reporting Party Match Instructions

Search

JONES, KENNITH
Locators
History
Provider Roles
Vaccinations
Hep B Case Management
Add Case
CONDITIONS
Add Condition
Refresh Tree
ShowMeVax

Medical Providers

Provider: [Search](#)

Service Provided: Other Service:

Date of First Visit: (mmddyyyy)

[Add to List](#) [Clear](#)

| Name | Primary | First Visit | Entry Date | Entered By |
|--|---------|-------------|------------|------------|
| Edit Remove DONALD MILLER 1241 STADIUM BLVD JEFFERSON CITY, MO 65109 COLE USA | Y | 11/01/2010 | SWADM04 | |
| Edit Remove ST MARYS HEALTH CENTER 100 ST MARY S BLVD JEFFERSON CITY, MO 65101 COLE USA | N | 11/01/2010 | SWADM04 | |

1

Notes

Note:

0 / 2000

[Add to List](#) [Clear](#)

| Entry Date | Note | Entered By |
|-----------------------------------|---|------------|
| Remove 11/01/2010 | Note on case for non associated contact | SWADM04 |

1

[Save](#) [Cancel](#)

javascript:WebForm_DoPostBackWithOptions(new WebForm_PostBackOptions("CaseNotesUC1:btnAddToList", "", true, "", "", false

Local intranet 100%

Procedure 23: Click Save

WEBSURV TEST

Expected System Response: Validation failed, error messages returned.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: swadm04 Sign Out
Agency: DOH-CENTRAL OFFICE

Home Person Organization Aggregate Reporting Party Match

Search Instructions

JONES, KENNITH
Locators
History
Provider Roles
Vaccinations
Hep B Case Management
Add Case
CONDITIONS
Add Condition
Refresh Tree
ShowMeVax

Medical Providers

Provider: Search

Service Provided: Other Service:

Date of First Visit: (mmddyyyy)

Add to List Clear

| Name | Primary | First Visit | Entry Date | Entered By |
|--|---------|-------------|------------|------------|
| 1241 STADIUM BLVD JEFFERSON CITY, MO 65109 COLE USA | Y | | 11/01/2010 | SWADM04 |
| ST MARYS HEALTH CENTER | N | | 11/01/2010 | SWADM04 |
| 100 ST MARY S BLVD JEFFERSON CITY, MO 65101 COLE USA | | | | |

Notes

- Information has been entered to add to list. Please click Add to List or Clear

Note: 0 / 2000

Add to List Clear

| Entry Date | Note | Entered By |
|------------|---|------------|
| 11/01/2010 | Note on case for non associated contact | SWADM04 |

Save Cancel

Expected System Response: Validation passed, the Save Confirmation Screen will be displayed.

Confirmation -- Webpage Dialog

* Denotes required field.

CONFIRMATION

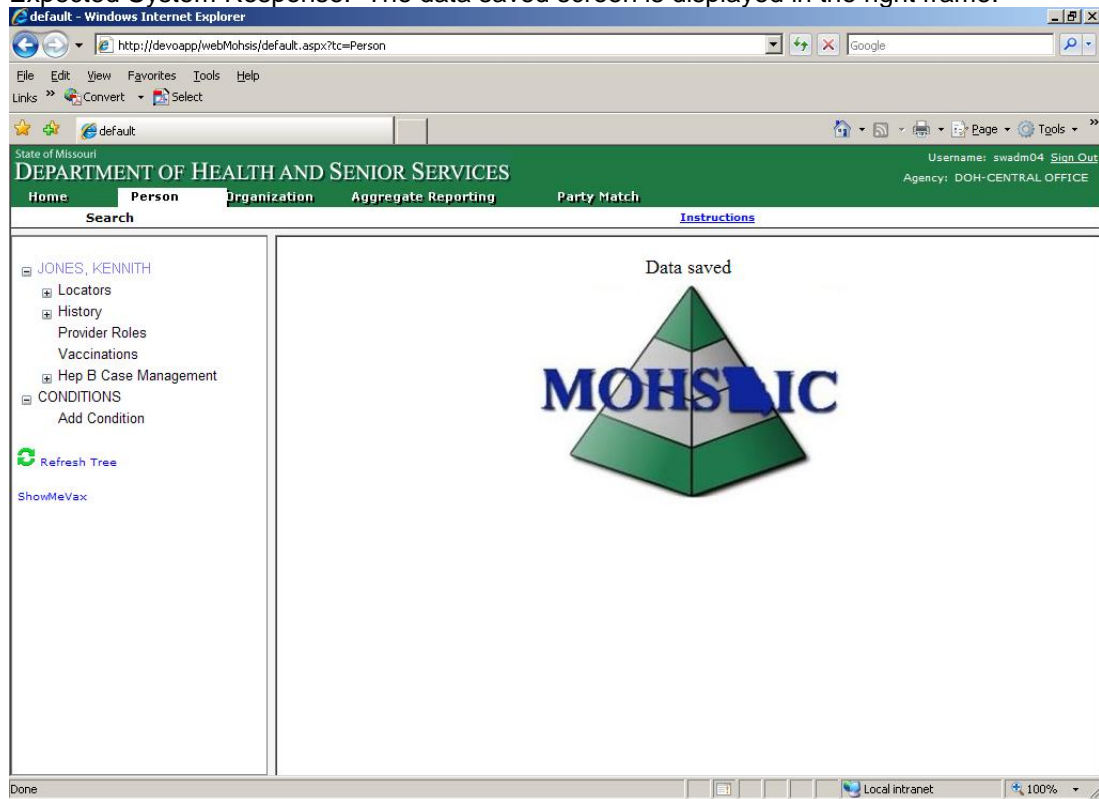
Name: JONES, KENNITH
Date of Birth: 6/22/1970
Age at Report: 40 YEARS
Party ID: 396135969
Case ID: 396135975
Type of Case: CONTACT
Jurisdiction: LACLEDE
Jurisdiction Type: * CASE
Date Enrolled: 10/02/2010
Date of Report: 10/01/2010
Case Entry Date: 11/01/2010
Case Last Modified Date:

Save Return

Procedure 24: a) If jurisdiction is not populated, select the jurisdiction. b) Click Save

WEBSURV TEST

Expected System Response: The data saved screen is displayed in the right frame.



Test Complete